

Department of Code Enforcement

1200 Madison Ave, Suite 100

Indianapolis, Indiana 46225

Phone: (317) 327-1291

Email: Contractors@indy.gov



Department of Code Enforcement

Indianapolis

Gregory A. Ballard, Mayor

GENERAL CONTRACTORS APPLICATION

☐ New ☐ Renewal General Contractor License # _____

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

EXACT LEGAL NAME OF CORPORATION, LLC, PARTNERSHIP or SOLE PROPRIETOR'S BUSINESS NAME (DBA) _____

NAME OF SOLE PROPRIETOR, PARTNER, OR OFFICER OF CORPORATION/LLC _____

1. _____ 2. _____
MAILING ADDRESS PHYSICAL ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)

1. _____ 2. _____
CITY/STATE/ZIP CODE CITY/STATE/ZIP CODE

| BUSINESS NUMBER | FAX NUMBER | HOME NUMBER | EMAIL ADDRESS |
|-----------------|------------|-------------|---------------|
|-----------------|------------|-------------|---------------|

List all employees, partners, and/or officers who will be authorized to secure permits (Remember to include agents/applicants who are authorized to submit permits over the internet, if contractor subscribes to LOGO Indiana)

| | | |
|-----------------------|---------------------|-------------------------|
| 1. _____ SIGNATURE | _____ PRINT NAME | _____ E-MAIL ADDRESS |
| 2. _____ SIGNATURE | _____ PRINT NAME | _____ E-MAIL ADDRESS |
| 3. _____ SIGNATURE | _____ PRINT NAME | _____ E-MAIL ADDRESS |
| 4. _____ SIGNATURE | _____ PRINT NAME | _____ E-MAIL ADDRESS |
| 5. _____ SIGNATURE | _____ PRINT NAME | _____ E-MAIL ADDRESS |

****FOR SOLE PROPRIETORS OR PARTNERSHIPS WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW:****

Please be advised that _____ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature _____ Date _____

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current listing information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

SIGNATURE OF OFFICER, PARTNER, OR SOLE
PROPRIETOR RESPONSIBLE FOR LISTING

DATE _____

FOR OFFICE USE ONLY

License # _____

Processed by _____

Date _____